

COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING DIVISION
www.losgatosca.gov

FAX Inspection Request
Fax must be received by 3:00 PM
(408) 354-7593

Inspection requests scheduled by FAX will be accepted up to **3:00 P.M.** the day before the date requested.

If the required information is not left, your inspection will not be scheduled! The Town **will not** call you to confirm your inspection request.

The following information is required when requesting an inspection:

- **Date requested for inspection** *(example: Tuesday, March 22)* _____
- **AM / PM or No Preference** _____
- **Project Address** _____
- **Building Permit Number(s) *** **B** ____ - _____
(example: Building # B04-0111)
Type of Inspection(s) _____
(example: Foundation, Shear Nail, Rough Electrical, Above Ceiling)
Electrical Permit Number(s) * **E** ____ - _____
(example: Electrical #E04-222)
Type of Inspection(s) _____
(example: Rough Electrical)
Mechanical Permit Number(s) * **M** ____ - _____
(example: Mechanical #M04-222)
Type of Inspection(s) _____
(example: Rough Mechanical)
Plumbing Permit Number(s) * **P** ____ - _____
(example: Plumbing #P04-222)
Type of Inspection(s) _____
(example: Gas test, Rough Plum)
- **Contact Name** _____
- **Contact Phone Number** _____

For Applicants Use* **B0 ____ - _____
E0 ____ - _____

P0 ____ - _____
M0 ____ - _____